



**STATE OF CONNECTICUT  
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION  
DIVISION OF STATE POLICE**



**Special Licensing and Firearms Unit  
Firearm and Ammunition Compliance Statement**

Case Number: _____	Date: _____	Time Started: _____	Time Ended: _____
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I, \_\_\_\_\_ (full name), \_\_\_\_\_ (date of birth), of \_\_\_\_\_ (complete address), make the following statement without fear, threat or promise. I understand that any statement(s) made herein, which I do not believe to be true, and which statement is intended to mislead a public servant in the performance of his/her official function is a crime under Connecticut General Statutes §53a-157b and is punishable by law.

On the above date and time, I met with Trooper / Officer \_\_\_\_\_ (name) of the \_\_\_\_\_ (Police Department) at \_\_\_\_\_ (location) to provide the following statement:

I have been informed by:

- A letter received from the Connecticut State Police, Special Licensing and Firearms Unit dated \_\_\_\_\_.
- A judge, prosecutor or other official at Superior Court GA- \_\_\_\_\_, \_\_\_\_\_ (town).
- Trooper / Officer \_\_\_\_\_ (name) of \_\_\_\_\_ Police Department.
- Other source (describe) \_\_\_\_\_.

that pursuant to Connecticut General Statutes Sections 53a-217 and/or 53a-217c as amended time to time, **I am ineligible to possess firearms and/or ammunition.**

I understand that if I am subject to a protective, risk protection, or restraining order, or a foreign order of protection, my firearms and ammunition may only be (1) transferred to a federally licensed firearms dealer; or (2) surrendered to the Connecticut State Police or to a local police department. This action must be taken immediately and under no circumstances later than twenty-four (24) hours after notice has been provided to me that I am subject to one of the above orders. I understand that if I am ineligible to possess firearms and/or ammunition for any other reason, I may either transfer the firearm(s) and/or ammunition in my possession to some other person that is eligible to possess them or surrender them to the Connecticut State Police or to a local police department no later than two (2) business days after becoming ineligible. If I transfer the firearm(s) and/or ammunition, I must comply with Connecticut General Statutes Section 29-36k as amended time to time and any other state or federal statutes.

If I have a Connecticut permit to carry pistols or revolvers or an eligibility certificate or temporary state permit that has been revoked, I understand that I have five (5) days from receipt of notification in writing that the permit has been revoked, to surrender the permit to the Connecticut State Police.

To comply with the above requirements, I have:

- Transferred the firearms(s) and/or ammunition to \_\_\_\_\_.  
(Provide name and address of individual /dealer receiving firearms)  
**\*Attach a copy of Form DPS-3-C, Sale or Transfer of All Firearms transfer paperwork**
- Surrendered the firearms and/or ammunition to \_\_\_\_\_ Police Department.  
**\*Attach copy of Form DPS-293, Surrendered Firearms/Ammunition Log Sheet**
- Other disposition of Firearms and/or ammunition (explain) \_\_\_\_\_.  
(Example: reported lost, stolen or previously seized by police)
- My Connecticut permit to carry pistols or revolvers, eligibility certificate, or temporary state permit has been / is being surrendered to: \_\_\_\_\_.  
(Name of police department)
- I am not in possession of any firearm(s) and/or ammunition, or a Connecticut permit to carry pistols or revolvers, an eligibility certificate or temporary state permit, nor do I have access to any firearm(s) or ammunition** \_\_\_\_\_ (Initials)

By affixing my signature to this statement, I acknowledge that I have read it or have had it read to me and it is true to the best of my knowledge and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Personally appeared to the signer of the foregoing statement and made oath before me to the truth of the matters contained therein.

Endorsed or notarized by (Police Official): \_\_\_\_\_ Police Dept.: \_\_\_\_\_

Date: \_\_\_\_\_